

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

US DISTRICT COURT  
WESTERN DISTRICT OF ARKANSAS  
FILED

FEB 01 2016

DOUGLAS F. YOUNG, Clerk  
By Deputy Clerk

## UNITED STATES DISTRICT COURT

for the

Western District of Arkansas

Cathy Denton

Plaintiff/Petitioner

Sun Life Assurance Company of Canada  
& Harps Foods Stores, Inc.

Defendant/Respondent

Civil Action No. 16-3012

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: \_\_\_\_\_

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are: \_\_\_\_\_

My gross pay or wages are: \$ \_\_\_\_\_, and my take-home pay or wages are: \$ \_\_\_\_\_ per

(specify pay period) \_\_\_\_\_

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- |  |   |  |
|--|---|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (d) Disability, or worker's compensation payments  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (e) Gifts, or inheritances                         | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (f) Any other sources                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

Social Security \$ 649.00  
 Husbands pension 88.11  
 Insurance payment 629.00  
 Husbands social security 787.00

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4. Amount of money that I have in cash or in a checking or savings account: \$ 150<sup>00</sup> / 100.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

2002 Chevy Truck \$3500.00  
 Mobile home 1997 8 acres \$20,000  
 House \$35,000.  
 Dodge Charger \$10,000

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

House Payment	\$386.64	Phone	\$128.00
Car payment	256.79	Health insurance	\$115.01
Personal loan	150.20	Electric	\$200.00
Insurance (vehicle)	278.00		

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

Chase credit card	\$11,000.00	\$200 - a month
Master card	3,800.00	\$110 a month
Home Depot	1,600.00	30 a month
Baxter Med. Ctr	400.00	\$50 " "
Cox Med Ctr	3800.00	\$25 " "

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 11-9-15

Cathy Denton  
 Applicant's signature  
Cathy Denton  
 Printed name